

Emergency After-Hours Medical Treatment

OGC Has Reviewed

John F. Blake  
Deputy Director for Administration

DD/A 78-1203/5

10 April 1978

Office of General Counsel

Based on your coordinated response concerning use of state-certified "paramedics," the attached memo was prepared for DCI approval. Before forwarding to him, I passed it on to the Director of Security and Director of the Ops Center for their approval and/or comments. The Ops Center had no comment but the Director of Security offered the attached comments. Would you pls get together and work out appropriate wording that would satisfy the points made by Security.

This seems to be a good idea and I would like to get on with it as soon as possible.

*John F. Blake*

John F. Blake

STAT

Originated by /se

Distribution:

Orig RS - OGC w/atts  
RS - DDA Chrono  
✓ RS - DDA Subj  
RS - JFB Chrono  
RS - RFZ Chrono

Attachments:

DDA/78-1203/2; Proposed Memo Same Subject for DCI approval; DDA/78-1203/4; Same Subject; Comments from Office of Security; DDA/78-1203/1; Same Subject; Coordinated Memo from OMS/OGC.

10 April 1978

DD/A Registry  
File MedicalDD/A Registry  
78-1203/4

3 APR 1978

MEMORANDUM FOR: Executive Officer, DDA

FROM: Robert W. Gambino  
Director of Security

SUBJECT: Emergency After-Hours Medical Treatment

REFERENCE: Routing and Record Sheet from Executive Officer, DDA dated 30 March 1978, same subject (DD/A 78-1203/3)

1. The Office of Security has reviewed the referenced memorandum and is concerned that the wording of paragraph 3b seems to place the management of the paramedic program in the hands of the Office of Security and the Operations Center. The program is, however, obviously one which falls within the purview of the Office of Medical Services.

2. The Office of Security has no objection to maintaining a roster of paramedics initially provided to OS and periodically updated by OMS, nor does it object to acting as the agent of OMS in notifying a paramedic of an emergency. We are concerned with the possible legal ramifications of having an OS employee "request assistance," however. We believe that the rendering of assistance should result from a pre-arrangement between the paramedic and the Office of Medical Services, not in response to a request from the Office of Security. OS would merely notify the paramedic of the emergency.

3. The Office of Security parenthetically is also struck by the fact that the referenced paper makes no mention whatsoever of the liability of the paramedics under the second alternative, the one recommended for adoption.

4. In view of the above and the potential ramifications of this question, the Office of Security believes that the third alternative is the best solution. We note that this would involve delay in implementation until a more detailed

OS 8 0866/A

examination were made, but we believe that that is prudent in a matter of such dimension. In any event, the Office of Security does not concur in implementation of the second alternative without express clarification of any responsibilities and liabilities of the Office of Security.

STATINTL


[Redacted Signature]

ROBERT W. GAMBINO

STATINTL

STATINTL

Emergency After-Hours Medical Treatment

  
Executive Officer/DDA

DD/A 78-1203/3


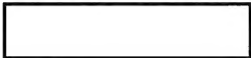
30 March 1978

Director of Security

We propose to submit  
a request to DCI for approval  
of para.3.b. Do you have  
any problems with maintaining  
a list of "paramedics".

A prompt reply is appreciated. STATINTL

Director/Operations Center

  
Att: DDA/78-1203/1203/2; Emergency  
After-Hrs Medical Treatment -  
Memos from  OMS.

STATINTL

Distribution:

Orig RS - D/OS w/att  
Orig RS - D/Ops Center w/att  
RS- DDA Chrono  
✓RS- DDA Subj  
RS- RFZ Chrono

STATINTL

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## ROUTING AND RECORD SHEET

SUBJECT: (Optional)

Emergency After-Hours Medical Treatment

OGC 78-2395

FROM:

John F. Blake  
Deputy Director for Administration

EXTENSION

NO.

DD/A 78-1203/5

DATE

10 April 1978

TO: (Officer designation, room number, and building)

DATE

RECEIVED

FORWARDED

OFFICER'S INITIALS

COMMENTS (Number each comment to show from whom to whom. Draw a line across column after each comment.)

1. Office of General Counsel

4-11-78

Based on your coordinated response concerning use of state-certified "paramedics," the attached memo was prepared for DCI approval. Before forwarding to him, I passed it on to the Director of Security and Director of the Ops Center for their approval and/or comments. The Ops Center had no comment but the Director of Security offered the attached comments. Would you pls get together and work out appropriate wording that would satisfy the points made by Security.

This seems to be a good idea and I would like to get on with it as soon as possible.

John F. Blake

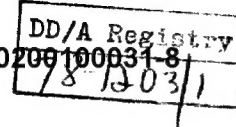
STATINTL

Atts:

DDA/78-1203/2; Proposed Memo Same Subject for DCI approval; DDA/78-1203/4; Same Subject; Comments from Office of Security; DDA/78-1203/1; Same Subject; Coordinated Memo from OMS/OGC.

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27 March 1978

MEMORANDUM FOR: Deputy Director for Administration

FROM: Office of General Counsel  
Office of Medical Services

SUBJECT: Emergency After-Hours Medical Treatment

REFERENCE: Memo from Deputy Executive Secretary dated  
21 Mar 78, Same Subject

1. You have requested a coordinated response from the Office of General Counsel and the Office of Medical Services concerning a recommendation that Agency personnel who are state-certified "paramedics" provide critical after-hours aid for heart attacks, immobilizing fractures and injuries which occur on Agency premises or grounds. It is understood that when this suggestion was initially forwarded in 1974, two objections were raised. The Director, Office of Medical Services, questioned the competence of the "paramedics" and the Office of General Counsel expressed concern that the Agency would be subject to liability.

2. Initially, it should be recognized that there is nothing in Agency regulations which prohibits an individual (whether state-certified as a paramedic or not) from rendering first aid either within the building, on the grounds, or outside the gate of the CIA complex. The real question is whether the Agency should, in some fashion, encourage or sponsor the provision of such aid and degree of which we should do so.

3. In this regard, we see three possibilities:

a. the issuance of a policy statement by an appropriate official stating that the Agency has no objection to individuals providing first aid on Agency premises. In addition, one might consider sending a letter to state-certified paramedics advising them of the Agency's position and encouraging them to disclose their particular skill and availability to Agency administrators;

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Approved For Release 2003/09/03 : CIA-RDP81-00142R000200100031-8

SUBJECT: Emergency After-Hours Medical Treatment

b. a somewhat more formal program would develop a list of state-certified "paramedics" who would volunteer their services to the Office of Security and the Operations Center. Upon being notified of an injury or accident, these offices would contact one of the individuals named on the list and request assistance. Individuals who participate in this program would be required to submit a copy of their state certification as evidence of their qualifications.

c. a more structured program might establish an OMS auxiliary of such paramedics. This auxiliary would have an official relationship with OMS and would be designed to take advantage of the recent malpractice protection enacted for Federal Government civilian medical personnel. This plan would involve a greater degree of command, control, and administrative impact on the Office of Medical Services and should in our view await a more detailed examination.

4. With respect to the objections of OMS and OGC referred to in paragraph 1, the Director of Medical Services advises that he no longer has any objections based on the competence of individuals who would perform the service, provided such competence has been certified by appropriate state authority.

5. The concerns of the Office of General Counsel remain essentially the same. In the first alternative, the U.S. Government's liability would, in our opinion, be virtually non-existent due to the absence of any governmental involvement. The liability of the individual "paramedic" would depend, in any given case, on the interpretation of Virginia's "Good Samaritan" statute. Application of this authority would result, in all likelihood, in a decision favorable to the "paramedic." Such a decision cannot be guaranteed, however, since each case would have to be judged on an individual basis against the requirements of the statute. In addition a "paramedic" may be required to incur substantial expense in asserting his defense, notwithstanding the fact that the potential outcome would insulate him from liability. The Federal Tort Claims Act and the Federal Employees Compensation Act may, to a lesser extent, impact on the "paramedic's" vulnerability to suit in his individual capacity.

6. The second alternative creates a greater potential liability against the U.S. Government resulting from the increased sponsorship of the program. The potential is relatively low, however, and may be offset by the strong

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SUBJECT: Emergency After-Hours Medical Treatment


policy reasons justifying establishment of this program. In addition, the program could be established in a form designed to minimize the Government's role thereby further reducing the potential liability.


7. The third alternative creates the greatest protection for the individual technician. The liability of the U.S. Government will depend upon whether the Federal Employees Compensation Act or the Federal Tort Claims Act applies to a particular situation.

8. The Office of Medical Services and the Office of General Counsel recommend that the second alternative be adopted. Adoption of this alternative (or, for that matter, the first alternative) would provide the leeway to upgrade the service at some later date should future conditions warrant a more extensive program.

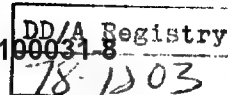
STATINTL

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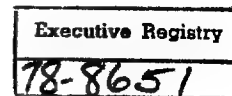
  
Anthony A. Eapham  
General Counsel

  
Charles A. Bohrer, M.D.  
Director of Medical Services

~~ADMINISTRATIVE - INTERNAL USE ONLY~~



21 March 1978



MEMORANDUM FOR: Deputy Director for Administration  
General Counsel

STATINTL FROM :   
Deputy Executive Secretary

SUBJECT : Emergency After-Hours Medical Treatment

1. During its 15 March meeting with the Director, the NFAC Management Advisory Group (MAG) recommended that Agency personnel who are state-certified "paramedics" be authorized to provide critical, after-hours first aid (cardiac pulmonary resuscitation, oxygen) for heart attacks, immobilizing fractures, and other injuries. A copy of the recommendation is attached.

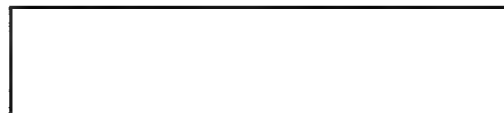
2. The Group noted that if the Operations Center were instructed to call one of the eight state-certified Fire Department Rescue team members currently working in Printing and Photography Division at the same time the Office of Security is notified of a medical emergency and an ambulance called, critical time could be saved in obtaining treatment for the victim.

3. When this suggestion was initially forwarded in 1974, two objections were raised: The Office of Medical Services (OMS) questioned the competence of the "paramedics" and the Office of General Counsel (OGC) expressed concern that the Agency could become involved in liability suits.

4. The NFAC MAG believes the upgrading of Virginia's certification process for Advanced First Aid Technicians, Emergency Medical Technicians, and Cardiac Care Technicians should meet OMS standards. It also thinks that Virginia's "Good Samaritan Law" (copy attached) should remove the grounds for OGC's objections.

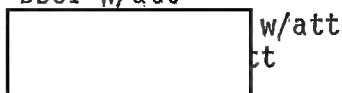
5. Please provide comments to the Director on the recommended change in obtaining emergency, after-hours medical treatment for employees.

STATINTL



STATINTL Attachments

cc: DDCI w/att



Problem:

There is a critical time lag in treating after-hours medical emergencies, particularly heart attacks when minutes mean life, as well as the relief of trauma (shock) from fractures, burns, and lacerations. The CIA does not officially recognize qualified Agency personnel who are on duty after-hours and can administer to those needs while an ambulance is en route.

Recommendation:

Provide authorization for Agency personnel who are state-certified "paramedics" to provide critical first aid (CPR, oxygen) for heart attacks, immobilizing fractures, and other injuries.

Pro

Make emergency medical assistance available more rapidly

The state certification and Virginia's Good Samaritan Law exonerate from legal action any person providing assistance  
(See attachment)

Con

OMS and Legal Counsel question competence and Agency liability under emergency circumstances

Discussion:

Agency personnel who are also Fire Department Rescue Team members are on hand to provide immediate aid during the 20-minute ambulance delay en route. When off-duty here, they are frequently on duty with the ambulance and respond to our calls. These rescue team members are state-certified in Virginia and Maryland as to their level of competence.

All that is required to implement the proposal is authorization: no additional staffing or funds are necessary. The equipment is already available in the building. Approximately eight individuals with certification currently work in the Printing and Photography Division (P & PD). Because P & PD operates 24 hours a day, a qualified individual is likely to be available after hours. An individual's absence for emergencies would not interfere with P & PD operations. P & PD supervisors are willing to authorize employee absence in an emergency.

(Virginia does not now use the term "paramedic", but may adopt it in the future. It is used on the West Coast, particularly California, as a carryover of the military application. Virginia has the ratings: Advanced First Aid Technician, Emergency Medical Technician, and Cardiac Care Technician.)

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An Act to amend and reenact § 54-276.9, as amended, of the Code of Virginia, relating to exemption from tort liability of persons rendering emergency medical care.

[H 697]

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Approved

Be it enacted by the General Assembly of Virginia:

1. That § 54-276.9, as amended, of the Code of Virginia be amended and reenacted as follows:

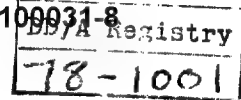
§ 54-276.9. Persons rendering emergency care exempt from liability.

—(a) Any person who, in good faith, renders emergency care or assistance, without compensation, to any injured person at the scene of an accident or fire, or en route therefrom to any hospital, medical clinic or doctor's office, shall not be liable for any civil damages for acts or omissions resulting from the rendering of such care or assistance.

(b) Any emergency medical care attendant or technician possessing a valid certificate issued by authority of the State Board of Health who in good faith renders emergency care or assistance, without compensation, to any injured or ill person, whether at the scene of an accident, fire or any other place, or while transporting such injured or ill person to, from or between any hospital, medical facility, medical clinic, doctor's office or other similar or related medical facility, shall not be liable for any civil damages for acts or omissions resulting from the rendering of such emergency care, treatment or assistance.

(c) Any person having attended and successfully completed a course in cardiopulmonary resuscitation, which has been approved by the Board of Health, who in good faith and without compensation, renders or administers emergency cardiopulmonary resuscitation, cardiac defibrillation or other emergency life-sustaining or resuscitative treatments or procedures which have been approved by the State Board of Health to any sick or injured person, whether transporting such person to or from any hospital, clinic, doctor's office or other medical facility, shall be deemed qualified to administer such emergency treatments and procedures; and such individual shall not be liable for acts or omissions resulting from the rendering of such emergency resuscitative treatments or procedures.

(d) Nothing contained in this section shall be construed to provide immunity from liability arising out of the operation of a motor vehicle.



9 March 1978

DD/A Registry  
File MEDICAL

MEMORANDUM FOR: Deputy Director for Administration

VIA: Charles A. Bohrer, M.D.  
Director of Medical Services

STATINTL

FROM: [redacted] M.D., M.P.H.  
Medical Systems Development Officer,  
Office of Medical Services

SUBJECT: H.R. 4620 and S. 990, "Federal Physicians  
Comparability Allowance Act of 1976"

REFERENCE: 20 Jan 78 Memo to A-DDA, Same Subject

STATINTL

STATINTL

In accordance with conversations with [redacted]

[redacted] Mr. Robert Gambino,  
and you on 9 March 1978, Joseph Smith, M.D., of St.  
Elizabeths Hospital and I plan to testify on 10 March 1978  
at hearings on S. 990 before the Senate Subcommittee on  
Civil Service and General Services, unless I am advised there  
is some currently unforeseen reason that I should not testify.  
The testimony is provided at the invitation of the Subcommittee  
Chairman. I will be providing the testimony as the Chairman  
of the Committee on Pay Equity of the Council of Federal  
Medical Directors for Occupational Health.

STATINTL

[redacted] M.D., M.P.H.

SUBJECT: H.R. 4620 and S. 990, "Federal Physicians Comparability Allowance Act of 1976"

STATINTL

STATINTL cc:

[REDACTED]

Robert Gambino

[REDACTED]

REFERENCE

20 January 1978

MEMORANDUM FOR: Acting Deputy Director for Administration

VIA: Charles A. Bohrer, M.D.  
Director of Medical Services

FROM: [REDACTED] M.D., M.P.H.  
Medical Systems Development Officer,  
Office of Medical Services

SUBJECT: HR 4620 and S.990, "Federal Physicians  
Comparability Allowance Act of 1976"

1. In accordance with conversations with Mr. David [REDACTED] on 18 and 19 January 1978, [REDACTED] on 18 and 20 January 1978, Mr. Robert Gambino on 20 January 1978 and you on 19 January 1978, Joseph Smith, M.D., of St. Elizabeths Hospital and I plan to testify at hearings on H.R. 4620 on Tuesday, 24 January 1978, before the Subcommittee on Compensation and Employee Benefits of the House Committee on Post Office and Civil Service, unless I am advised there is some currently unforeseen reason that I should not testify. I will be providing the testimony as the Chairman of the Committee on Pay Equity of the Council of Federal Medical Directors for Occupational Health.

2. If the Committee inquires about my place of employment, I plan to state that it is CIA, but I will make it clear that my testimony is as a representative of the Council of Federal Medical Directors and not as a representative of the Agency nor as an official Agency position.

3. If any discussion develops as to whether or not the Agency has experienced any problems in recruitment and retention of physicians, I will state it is my understanding that it is not appropriate for me to go into that matter, today, since I am not appearing here as an official



SUBJECT: HR 4620 and S.990, "Federal Physicians  
Comparability Allowance Act of 1976"

representative of the Agency or the Executive Branch. I am told that the appropriate way to obtain that information is for the Subcommittee to contact the Agency or OMB directly.

4. At the present time, hearing dates have not been established for S.990. When dates are set, it is envisioned that Dr. Smith and I would also testify to the Subcommittee on Civil Service and General Services of the Senate Committee on Governmental Affairs referable to S.990.

Signed

STATINTL

M.D., M.P.H.

cc:

Robert Gambino

STATINTL

STATINTL

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DD/A Registry
78-1670

6 APR 1978

DD/A Registry  
File Medical

MEMORANDUM FOR: Deputy Director for Administration

VIA: Director of Personnel

FROM: Charles A. Bohrer, M.D.  
Director of Medical Services

SUBJECT: Request for Exception from the Criteria  
and Procedures for Hiring Annuitant  
Medical Officers

REFERENCE:

STATINTL

1. This memorandum requests your authorization for exception from the criteria and procedures for hiring annuitant Medical Officers.

2. Medical Officers are recruited from three specific areas: (1) recent graduates; (2) professionals who no longer desire to remain in the private sector and (3) the military services. Of course, experienced Medical Officers are the most desirable applicants, especially for Regional Medical Officer assignments. Private sector physicians, regardless of experience, are particularly difficult to recruit because salaries offered are not competitive with those of the private sector. On the other hand, experienced military officers who have an appreciation for government service benefits, are sometimes more receptive to the lower entry salaries.

3. In addition to the professional experience military Medical Officers bring to the Agency, these candidates require less initial training, being already familiar with governmental administrative procedures, command channels, and communications methods. There is also less risk to our investment in the hire, entry and training process as these individuals usually are quite familiar with overseas living conditions and are accustomed to frequent travel and change of residence; they know what to expect and are less likely to become discouraged (a damaging attitude for a RMO to convey to his patients) or to resign.

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SUBJECT: Request for Exception from the Criteria and  
Procedures for Hiring Annuitant Medical Officers

4. An annuitant, who is a medical professional, has an extremely delicate decision to make when deciding his place and manner of new employment. He has to weigh the expense of procuring equipment, obtaining office space and the investment in time to build up a clientele against joining an organization. He views both choices as long term decisions. The first for obvious reasons of resources invested and the second from the viewpoint that if he might be required to leave the organization in 13 - 24 months, he has lost valuable investment in time toward getting established in the private sector.

5. The restrictions [ ] virtually prohibit the annuitant from making a free choice and places a serious handicap on the Office of Medical Services' ability to obtain highly desirable professionals in a very difficult to hire category.

STATINTL

SIGNED

CHARLES A. BOHRER, M.D.

Charles A. Bohrer, M.D.

APPROVED:

As/ John F. Blake

Deputy Director for Administration

DISAPPROVED:

Deputy Director for Administration

24 APR 1978

DATE: \_\_\_\_\_

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2 - DDA  
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DD/A Registry  
78-00-33

PZRS 10-78  
18 FEB 1978

MEMORANDUM FOR: Acting Deputy Director for Administration  
FROM: Charles A. Bohrer, M.D.  
Director of Medical Services  
SUBJECT: Authorization Request for Exclusion in Part  
from the Provisions [redacted] dated  
25 October 1977

STATINTL

REFERENCE: [redacted] Criteria and Procedures for  
Hiring of Annuitants

This memorandum requests authorization for exclusion  
from [redacted] para 2(a) and 2(b) for Medical Officers,  
Psychiatrists and Psychologists. The functional nature of  
these three professional skills is such that it is highly  
unlikely that the Agency would have employed elsewhere,  
without the knowledge of the Office of Medical Services,  
any available individuals possessing these skills.

STATINTL

[redacted]  
Charles A. Bohrer, M.D.

APPROVAL:

[redacted]  
Michael J. Malanick  
Associate Deputy Director for Administration

2 Nov 1978  
Date

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